

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	19/03/2018 16:17
Date Of Accident	19/03/2018 08:55
Exact Location Of Accident	BUKIT TIMAH ROAD NEAR FOURTH AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH4955X
Insured/Policyholder	
Name Of Registered Owner	ANDREW BILLING JAMES
Passport No/FIN	G6082273K
Email Address	KIMBERLY.BILLING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91881104
Alternative Phone No	OFFICE-91881104

Vehicle Particulars

Manufacturer	BMW
Model	X5-3.0 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA221822/1
Cover Note Number	

Driver

Name of Driver	BILLING KIM MICHELLE
NRIC No	G6082279X
Date Of Birth	08/10/1970
Occupation	INDOOR
Date Of Driving Pass	09/09/2014
Driving Experience	3 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91881104
Fax Number	
Contact Number	
EEmail Address	KIMBERLY.BILLING@GMAIL.COM

Address	9 BALMORAL PARK 0402 BALMORAL HILL
Postcode	259844
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGX8501J
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RANI
NRIC/Passport Number	
Contact Number	90054359
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

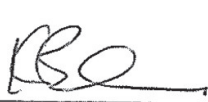
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:


- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:

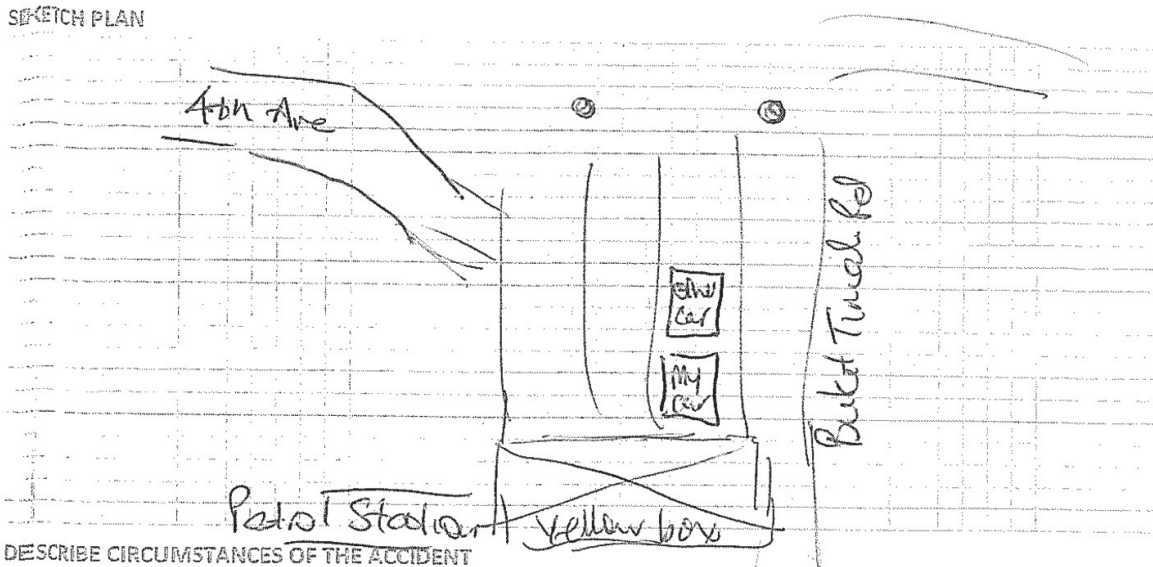
19/3/18
15.45 pm


Driver's Signature
(If driver is not the policyholder)
Date & Time:

19/3/18
15.45 pm


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



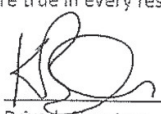
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Stopped at lights near 4th Ave on Bukit Timah Rd. I had stopped very closely behind driver as I did not want to stop in yellow box. When the lights changed the traffic around me started to move, and I took my foot off break (my car is automatic) the car lurched forward and nudged the car in front. We put on our hazard lights and as we were in lane 3 on the busy road I suggested we pull into 4th Ave to assess any damage. My registration plate (front) had popped off and there was a dent about 10cm-15cm circumference on the lower bumper of car in front. We exchanged numbers + took some photos. The registration plate was clipped back on and there is no further damage to my car. Neither of us sustained any injuries and I will not be making a claim for any damages to my car or person.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 19/3/15
15.45pm


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Letter of authorisation for SKH4955X

Billing, Andrew

to:

braddell_cr@sparkcarcare.com

19/03/2018 04:21 PM

Cc:

"kimberly.billing@gmail.com"

Hide Details

From: "Billing, Andrew" <abilling@westpac.com.au>

To: "braddell_cr@sparkcarcare.com" <braddell_cr@sparkcarcare.com>

Cc: "kimberly.billing@gmail.com" <kimberly.billing@gmail.com>

1 Attachment



image001.png

To whom it may concern,

I, Andrew James Billing NRIC G6082273K, authorise Kim Billing G6082279X to lodge this report on my behalf.

Kind regards, Andrew


Andrew Billing | Executive Director – Head of Corporate Sales Asia | Financial Markets
Westpac Institutional Bank | 12 Marina View #27-01, Asia Square Tower 2, Singapore 018961
T +65 63093066 | F +65 65326781 | M +65 98288901 | E abilling@westpac.com.au



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REPUBLIC OF SINGAPORE
FIN G6082279X



Name
BILLING KIM MICHELLE


Date of Birth 08-10-1970 Sex F
Nationality
NEW ZEALANDER

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number G6082279X
Name
BILLING KIM MICHELLE

Birth Date 08 Oct 1970
Issue Date 09 Sep 2014
Valid Till 08 Sep 2019



002343409C





FA1326366

DEPENDANT'S PASS
Immigration Regulations

FIN G6082279X

Date of Issue 19-05-2015 Date of Expiry 15-05-2018

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 09 Sep 2014

NP 428A

Licence No: G6082279X





redefining / insurance

AXA Insurance Pte Ltd
 ☎ 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 ☎ (65) 6880 4740
 ✉ customer.care@axa.com.sg
 🌐 www.axa.com.sg

Certificate of Insurance

For Motor Vehicle Third Party Risks and Comprehensive Insurance (Chapter 159 of the Motor Vehicles (Third Party Risks and Comprehensive Insurance) Act, 1987) and for Motor Vehicle Third Party Risks and Comprehensive Insurance (Chapter 159 of the Motor Vehicles (Third Party Risks and Comprehensive Insurance) Act, 1987) (Malaysia)

account number
04154

Policy details

Policyholder name	BILLING ANDREW JAMES	Certificate number	GA221822 / 1
Vehicle name	Comprehensive	Chassis number	WBAPF42006LK96890
Model name	Essential	Engine number	04765550052830AF
Model applicable	20%		
Motor registration number	SKH4855X		
Period of Insurance	from 12/06/2017 to 11/06/2018 (both dates included)		
Insurance company	AXA		

Persons or classes of persons entitled to drive*

The Policyholder

Any person who is driving on the Policyholder's order or with their permission

provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so certified and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitation as to use*

is only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability test, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor traffic or when the Motor Car, whether stationary, in use or otherwise, is on or off a road, track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

in the Road Transport Act, 1987 (Chapter 159 of the Motor Vehicles (Third Party Risks and Comprehensive Insurance) Act, 1987) and Section 95 of the Road Transport Act, 1987 (Chapter 159 of the Motor Vehicles (Third Party Risks and Comprehensive Insurance) Act, 1987) (Malaysia).

CESS	Basic Own Damage Excess	\$60,000.00
	Windscreen Excess	\$60,000.00

Additional Excess is applicable as follows:

- \$5,500 for unlicensed Authorized Driver
- \$5,500 for other than Young and Inexperienced Driver
- \$5,500 for unlicensed Young and Inexperienced Drivers. This additional excess is reduced to \$5,250 if You have chosen AXA Premium Workshare.

Additional clauses & endorsements to your policy

We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Comprehensive Insurance) Act, 1987 (Chapter 159 of the Motor Vehicles (Third Party Risks and Comprehensive Insurance) Act, 1987) (Malaysia).

AXA Insurance Pte Ltd

Authorised signatory

Important note

Signatories are advised that on the side of a motor vehicle they must display the Certificate of Insurance and the Policy is the insurance company. If the Certificate is missing this will be a breach of a statutory obligation to the effect must be noted. Failure to comply with this obligation is a offence under the Motor Vehicles (Third Party Risks and Comprehensive Insurance) Act, 1987.

Date: 19/05/2018

To: Owner of Vehicle Number: SKH 4955

The following has been advised to you via your workshop, 006F through their staff, Alan.

please tick the applicable box if you had been advice on the content as seen below:

- () You had been advised by the workshop that in the event that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- () You had been advised by the workshop on the liability and merits of the case accordingly.
- () You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- () There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- () The Estimation waiting time for the spare parts to arrive is : _____
The estimated arrival time does not include the repair period.
- () You will be driving the vehicle out despite being advised by the workshop mechanical personnel that the vehicle may not be road worthy.
- () For vehicles below Three (3) years old, your insurance company will use only genuine or parts to repair your vehicle.
- For vehicles above Three (3) years old, your insurance company will be carrying out r using any combination of genuine original parts and/or original equipment manufacture (OEM) parts.
- () You had been advised by the workshop of the Twelve (12) months warranty for Own repairs on workmanship related to the accident.
- () For vehicles below Five (5) years old, you had been advised by the workshop to check local distributor on your warranty status.
- () Others _____

Signed and ~~acknowledge~~ by:

[illegible]

[Illegible handwritten signature]